

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 10 1933

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

34809

1. PLACE OF DEATH

County.....

Registration District No. 91

Township.....

Primary Registration District No. 105

City.....

(No. 105)

St. Anthony Hospital

File No.

Registered No. 8980

St. Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U.S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR, OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (write name)

Ella

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Oct. 18, 1882

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

50

11

28

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Commissioner Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

St. Louis Co. Mo

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

FATHER

13. NAME

John S. Heimos

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

St. Louis Co. Mo

MOTHER

15. MAIDEN NAME

Mary Long

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

St. Louis Co. Mo

17. INFORMANT (ADDRESS)

Ella Heimos 414 5th St. St. Louis Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE

St. Joseph's Burial Pl. Oct. 19, 1933

19. UNDERTAKER (ADDRESS)

C. Hoffmeister & Co. 2814 So. Broadway

20. FILED OCT 17 1933

J. Bredeck Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1933, to Oct. 16, 1933

I last saw him alive on Oct. 16, 1933 Death is said

to have occurred on the date stated above, at 10:10 P. M.

The principal cause of death and related causes of importance were as follows:

11A Influenza

107A

Other contributory causes of importance:

Bronchial Pneumonia

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) A. W. Peters, M. D.

(Address) 414 5th St. St. Louis

A W Peters

1881